



Frederick County Division of Parks and Recreation

CAMP FORM

You must fill out both sides of this form and bring it with you on the first day of camp.

Camp Location (one form per site): _____

PARTICIPANT INFORMATION

Participant Name _____ Gender _____ Birth Date _____

Parent/Guardian Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

EMERGENCY CONTACTS

Emergency Contact #1: _____ Relationship to child: _____

Day Phone: _____ Cell Phone: _____

Emergency Contact #2: _____ Relationship to child: _____

Day Phone: _____ Cell Phone: _____

PICK UP INFORMATION

Name of person (other than parent) authorized to pick up child #1: _____

Relationship to child: _____ Phone: _____

Name of person (other than parent) authorized to pick up child #2: _____

Relationship to child: _____ Phone: _____

Are there any custody issues we should be aware of? ☐ No ☐ Yes (If yes, attach copy of court order)

ALLERGIES

Are there any allergies we should be aware of? ☐ No ☐ Yes If yes, please list: _____

In the event of an allergic reaction, what actions will camp staff be expected to take? _____

MEDICATION

Is the participant taking any medication? ☐ No ☐ Yes If yes, please list: _____

Will the participant take any medication during program hours? ☐ No ☐ Yes

If yes, you will need to complete a medication form (call 301-600-2936 to request a medication form)

(See reverse)

HEALTH ISSUES & SPECIAL ACCOMODATIONS

Please explain any other specific health issues or accommodations that may be needed for participation in camp:

REQUIRED INFORMATION BY STATE REGULATIONS

School Attending: _____ Is this a Maryland Public/Private School? Yes No*

*If no, you must provide a copy of age appropriate immunizations.

Participant's Primary Physician: _____ Physician's Phone: _____

*Date of last Tetanus: _____ (month/year)

SUNSCREEN

Parents wishing their child(ren) to apply sunscreen at camp must complete the following information:

Brand of Sunscreen: _____ (Note: Please print campers first and last name on the bottle.)

I UNDERSTAND:

1. By registering for this program, I verify that my child's immunizations are up to date.
2. That there are inherent risks and dangers associated with recreation programs and therefore, I hold Frederick County Commissioners harmless from all claims of injury, damage, or loss which may result from my child's participation in the program listed above.
3. That I must be aware of the hazards associated with each activity, such as use of equipment, slips and falls, personal level of fitness, training, and various athletic injuries related to this activity.
4. I must read and understand all written material, which has been provided by Frederick County Division of Parks and Recreation.
5. The rules and regulations for each activity, as explained in any written materials and/or explained by staff.
6. That the possible consequences of participating in these activities include the possibility of serious injury.

I AGREE:

1. To obey the rules and regulations for each activity and to follow the directions of the staff.
2. To inform a staff member of any dangerous or potentially hazardous situation that I may observe.
3. That if I do not understand how an activity is performed or how a piece of equipment is to be used, I will ask a staff member prior to beginning that activity.
4. To inform a staff member if I have any problems meeting the physical requirements necessary for participation in any activities.
5. To allow Frederick County Parks and Recreation to take and utilize photos, slides, and video images of the above registered individual for the purpose of promotion and publicizing of the Division's programs.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM**. Your signature authorizes the responsible person at the program to have you or your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____
